FORCE INCIDENT EVALUATION SHEET

COUNTY OF LOS ANGELES
SHERIFF'S DEPARTMENT

SHOOTING INCIDENT EVALUATION

UNIT: Field Operations Region II - Century Station - Unit 212A

DATE: 07-07-2000

TIME: 1600 Hours

LOCATION: [redacted] Virginia Avenue, Lynwood

URN#: 000-13192-2117-055

IAB#: IAB SH 2015757

NATURE OF INCIDENT: On July 7, 2000, Deputy Yocum stopped a Chevy Nova driven by Suspect James Jenkins (Deceased) in front of [redacted] Virginia Avenue in the city of Lynwood. Deputy Yocum detained Suspect Jenkins and attempted to place him in the rear seat of his radio car un-handcuffed. Suspect Jenkins broke free from Deputy Yocum and ran to the rear yard of [redacted] Virginia Avenue. Deputy Yocum gave chase.

Deputy Yocum and Suspect Jenkins became involved in a violent fight. During the fight, Suspect Jenkins struggled for and gained control of Deputy Yocum's Beretta pistol. Deputy Yocum fought with Suspect Jenkins to regain his pistol and wedged his pinky finger behind the trigger to prevent Suspect Jenkins from shooting him. As the struggle for the pistol continued, the magazine was released from the pistol. Suspect Jenkins pulled the pistol from Deputy Yocum, and broke his finger. Suspect Jenkins acquired the fallen magazine and re-inserted it into Deputy Yocum's pistol.

Deputy Yocum kicked Suspect Jenkins as he struggled with him to regain control of his pistol. Deputy Yocum regained his pistol and as Suspect Jenkins advanced toward him again, shot Suspect Jenkins twice.

Deputy Yocum received a possible concussion, lacerations to his head, a broken finger, a possibly broken hand, and multiple bruises. He was transported to Saint Francis Hospital where he was

admitted for treatment.

COMPLETED BY: Sergeant Steven Katz
Internal Affairs Bureau

DATE: 07-09-2000

SUPERVISOR'S REPORT on OFFICER INVOLVED SHOOTING

Los Angeles County Sheriff's Department
Officer Involved Shooting

Report Date: 07-07-2000	Bureau/Station/Facility: FOR II Century Station	Admin. Invest.? ☐	Hit? ☒

Incident Information

URN: 000-13192-2117-055	Date: 07-07-2000 Time: 1600
City or Station: Lynwood	Nature of Incident: Deputy Yocum fought with Suspect Jenkins for control of his pistol after a brief foot pursuit. Suspect Jenkins removed the weapon from Yocum's holster, pointing it at his head. Yocum regained his weapon & fired two rounds killing Jenkins.
Location: [redacted] Virginia Avenue Lynwood, Ca 90262	

Location Type (*circle one or more*): **Backyard**, Beach, Business, Freeway, Industrial, Park, Parking Lot, Residence, Rural, School, Street, Other: ______

Lighting (*circle only one*): Darkness, **Daylight**, Other, Street Lights

Weather (*circle only one*): **Clear**, Cloudy, Fog, Rain

Distance: 0-1 foot

Incident Type (*circle one or more*): Accidental, Armed Person, **Fleeing Suspect**, **Foot Pursuit**, **Gun Take Away**, Moving Vehicle, Sniper/Ambush, Startle, **Struggle Involved**, **Traffic Stop**, Unarmed Person, Unintentional, Vehicle Pursuit, Warrant Service, Other: ______

Initiated by (*circle only one*): Arrest Warrant, Call, Observation, **One Person Unit**, Other, Search Warrant, Two Person Unit

Prior Activity (*circle only one*): Detective, Inmate Transport, Other, **Routine Patrol**

Total # of Shots Fired by Deputy	Total # of Shots Fired by Suspect	Aero Unit?	Canine Unit?
2	0	☒	☐

Employee Witnesses

Employee #	Last Name	First Name	M.I.	ShiftTime (circle only one)	ShiftType (circle only one)
-				EM PM Day	Regular Overtime Off Duty
-				EM PM Day	Regular Overtime Off Duty
-				EM PM Day	Regular Overtime Off Duty

Non-Employee Witnesses

Last Name		First Name		M.I.	
[redacted]		[redacted]		[redacted]	
Street Address: [redacted]	City: [redacted]	Zip Code: [redacted]	Work Ph: -	Home Ph: [redacted]	
Last Name: -		First Name		M.I.	
Street Address	City	Zip Code	Work Ph	Home Ph	
Last Name: -		First Name		M.I.	
Street Address	City	Zip Code	Work Ph	Home Ph	

Supervisors

Employee #	Last Name	First Name	M.I	(circle one or more)
[redacted]	Young	Suzan	E.	**On Duty**, Present during shooting, Witness to shooting, Involved in shooting
-				On Duty, Present during shooting, Witness to shooting, Involved in shooting

Watch Sergeant

Employee #	Last Name	First Name	M.I.
[redacted]	Leininger	Gene	R.

Watch Commander

Employee #	Last Name	First Name	M.I.
[redacted]	Edson	Scott	D.

PSTD Use Only
SH # IAB SH 2015757

SH-R-438A rev. 3/97

See Reverse

Officer Involved Shooting

URN: 000-13192-2117-055

Rollout Information

Arrival Date	Arrival Time	Date Submitted	Date of Recommendation
07-07-2000	1730	02-01-2001	

Employee #	Last Name	First Name	M.I
[redacted]	Johnson	Gregory	H.
[redacted]	Katz	Steven	D.
[redacted]	Colton	Michael	R.

Shooting / Force Information

Method

(AW) Arwen
(BC) Baton:(Control)
(BI) Baton:(Impact)
(BF) Bodily Fluids
(CN) Canine
(CR) Carotid Restraint
(CH) Choke Hold
(CT) Control Holds:(Control Techniques)
(TT) Control Holds:(Team Takedown)
(TD) Control Holds:(Takedown)
(CE) Chemical
(OC) Chemical Agents (OC Spray)
(TG) Chemical Agents (Tear Gas)
(EX) Explosives
(FH) Firearm (Handgun)
(FR) Firearm (Rifle)
(FS) Firearm (Shotgun)
(FO) Firearm (Other)
(FB) Flashbang
(FL) Flashlight
(OE) Other Weapon: Edged
(OV) Other Weapon: Vehicle
(OB) Other Weapon: Blunt Object
(OO) Other Weapon: Other
(PK) Personal Weapon: Feet/Leg: (Kick)
(PS) Personal Weapon: Feet/Leg: (Sweep)
(PH) Personal Weapon (Hand/Arm)
(PP) Personal Weapon (Push)
(PO) Personal Weapon (Other)
(RS) Resistance
(CN) Restraint Device (Capture Net)
(RH) Restraint Device (Handcuffs)
(HB) Restraint Device:Hobble (Legs Only)
(TP) Restraint Device:Hobble (TARP)
(RE) Restraint Device: REACT Belt
(SP) Sap
(SH) Shield
(SG) 37mm Stinger
(SB) Sting Ball
(ST) Stun Bag
(TR) Taser
(UC) Uncooperative

Type of Injury

(AB) Abrasion
(BR) Bruise
(BU) Burn
(CP) Complaint of Pain
(CO) Concussion
(DH) Death
(DI) Dislocation
(DB) Dog Bite
(FR) Fractures
(GS) Gunshot
(HB) Human Bite
(LC) Lacerations
(ND) Nerve Damage
(OD) Organ Damage
(PA) Paralysis
(PW) Puncture Wound
(SD) Soft Tissue Damage
(ST) Sprain/Twists
(UN) Unconscious
(RM) Refused Med Treatment
(NN) NONE

Body Part Injured

(AD) Abdomen
(AK) Ankle
(AR) Arm
(BK) Back
(BT) Buttocks
(CH) Chest
(EL) Elbow
(FA) Face
(FE) Feet
(FI) Fingers
(GE) Genitals
(GR) Groin
(HD) Hand
(HE) Head
(HI) Hip
(IN) Internal
(KN) Knees
(LE) Leg
(NK) Neck
(SH) Shoulder
(WR) Wrist

Brand

(AK) AK-47
(BN) Benelli
(BR) Beretta
(BW) Browning
(CH) Charter Arms
(CO) Colt
(DA) Davis Industries
(GL) Glock
(HA) Harrington & Richardson
(HI) Hi Standard
(HK) H & K
(IT) Ithica
(IV) Iver Johnson
(JE) Jennings
(LO) Lorcin
(LU) Luger
(MA) Marlin
(MO) Mossberg
(NC) NCI aka SKS
(NA) North American
(NO) Norinco
(RA) Raven
(RM) Remington
(RG) RG
(RI) RGI
(RO) Rossi
(SW) Smith & Wesson
(SR) Sturm Ruger
(ST) Sterling
(TA) Taurus
(WE) Weatherby
(WN) Winchester
(US) US Government
(YY) Handmade (Inmate)
(XX) Homemade (Non-Inmate)
(ZZ) Other Brand

Caliber

(9) 9 mm
(10) 10 mm
(12) 12 guage
(20) 20 guage
(21) .22-250
(22) .22 caliber
(23) .223 caliber
(24) .243 caliber
(25) .25 caliber
(30) .308 caliber
(35) .357 caliber
(36) 30-60 caliber
(38) .38 caliber
(40) .40 caliber
(41) .410 guage
(44) .44 caliber
(45) .45 caliber
(50) 50 mm
(SL) Slug
(WW) Other caliber

FORCE APPLIED *(one code per block)*

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S#1	E#1	PH	-	-	-	-	CO	HE
S#1	E#1	FH	BR	9	-	-	NN	-
E#1	S#1	PK	-	-	-	-	SD	GR
E#1	S#1	FH	BR	9	Y	Y	DH	CH



Officer Involved Shooting
Involved Employee Information

URN: 000-13192-2117-055

Involved Employee

E 1

Employee # [redacted]	Last Name: Yocum	First Name: Michael	M.I. R.
Sex: M Race: W	Rank: Deputy	Unit Assignment: Century Station	Work Assignment (Unit #, Module, etc.): 212A
ShiftTime (*circle only one*): EM (PM) Day — circled: PM	ShiftType (*circle only one*): (Regular) Overtime Off Duty — circled: Regular	Intoxication/Drug Usage? ☐	Substance Used:
Hospital Admission? ☒	Hospital Name: St. Francis Hospital	Coroner Case? ☐	Coroner Case # — Interviewed? ☒
Hrs of sleep prior to shooting: 7-8	Duty Time (hrs): [redacted]	Clothing (*circle only one*): Plain Clothes no Vest, Raid Jacket w/ Vest, Plain Clothes w/ Vest, Uniform no Vest, Raid Jacket no Vest, (Uniform w/ Vest) — circled: Uniform w/ Vest	Other Factors:
Age: 30 Height: 5-09	Weight: 170		
Range Qualification Date: [redacted]	PPC Qualification Date: [redacted]	Laser Training Date: [redacted]	
Certified with Weapon Used? [redacted]	Patrol Certification? [redacted]	Certification Unit: [redacted]	Prior Shootings? ☐ Number of Prior Shootings: -
Field Training Officer Emp # [redacted]	Last Name [redacted]	First Name [redacted]	M.I. [redacted]
Field Training Officer Emp # [redacted]	Last Name [redacted]	First Name [redacted]	M.I. [redacted]

E__

Employee #	Last Name	First Name	M.I.
Sex: Race:	Rank	Unit Assignment:	Work Assignment (Unit #, Module, etc.):
ShiftTime (*circle only one*): EM PM Day	ShiftType (*circle only one*): Regular Overtime Off Duty	Intoxication/Drug Usage? ☐	Substance Used:
Hospital Admission? ☐	Hospital Name:	Coroner Case? ☐	Coroner Case # — Interviewed? ☐
Hrs of sleep prior to shooting:	Duty Time (hrs):	Clothing (*circle only one*): Plain Clothes no Vest, Raid Jacket w/ Vest, Plain Clothes w/ Vest, Uniform no Vest, Raid Jacket no Vest, Uniform w/ Vest	Other Factors:
Age: Height:	Weight:		
Range Qualification Date:	PPC Qualification Date:	Laser Training Date:	
Certified with Weapon Used? ☐	Patrol Certification? ☐	Certification Unit:	Prior Shootings? ☐ Number of Prior Shootings:
Field Training Officer Emp #	Last Name	First Name	M.I.
Field Training Officer Emp #	Last Name	First Name	M.I.

E__

Employee #	Last Name	First Name	M.I.
Sex: Race:	Rank	Unit Assignment:	Work Assignment (Unit #, Module, etc.):
ShiftTime (*circle only one*): EM PM Day	ShiftType (*circle only one*): Regular Overtime Off Duty	Intoxication/Drug Usage? ☐	Substance Used:
Hospital Admission? ☐	Hospital Name:	Coroner Case? ☐	Coroner Case # — Interviewed? ☐
Hrs of sleep prior to shooting:	Duty Time (hrs):	Clothing (*circle only one*): Plain Clothes no Vest, Raid Jacket w/ Vest, Plain Clothes w/ Vest, Uniform no Vest, Raid Jacket no Vest, Uniform w/ Vest	Other Factors:
Age: Height:	Weight:		
Range Qualification Date:	PPC Qualification Date:	Laser Training Date:	
Certified with Weapon Used? ☐	Patrol Certification? ☐	Certification Unit:	Prior Shootings? ☐ Number of Prior Shootings:
Field Training Officer Emp #	Last Name	First Name	M.I.
Field Training Officer Emp #	Last Name	First Name	M.I.

See Other Side

Officer Involved Shooting Suspect Information

URN: 000-13192-2117-055

Suspect Information

S 1

Last Name: Jenkins		First Name: James	M.I.: E.
AKA Last Name:		First Name: Slim	M.I.:
Sex: M Race: B	Street Address: [redacted]	City: [redacted]	State & Zip Code: [redacted]
Work Phone: -	Home Phone: [redacted]	Social Security #: [redacted]	Driver's License #: [redacted]
Age: 30 D.O.B. 09-03-64	Height: 6-04 Weight: 200	FBI #: [redacted]	CII #: [redacted]
Booking #: -	Primary Charge: 664/187 P.C.	Secondary Charge: 69 P.C.	
Coroner Case? ☒	Coroner Case #: 00-04882	Intoxication/Drug Usage? ☐	Substance Used:
Armed? ☐	Apprehended? ☒	Mental Illness? ☐	Criminal History? ☒
Vehicle Make: Chevy		Model: Nova	Year: 1987

S __

Last Name:		First Name:	M.I.:
AKA Last Name:		First Name:	M.I.:
Sex: Race:	Street Address:	City:	State & Zip Code:
Work Phone:	Home Phone:	Social Security #:	Driver's License #:
Age: D.O.B.	Height: Weight:	FBI #:	CII #:
Booking #:	Primary Charge:	Secondary Charge:	
Coroner Case? ☐	Coroner Case #:	Intoxication/Drug Usage? ☐	Substance Used:
Armed? ☐	Apprehended? ☐	Mental Illness? ☐	Criminal History? ☐
Vehicle Make:		Model:	Year:

S __

Last Name:		First Name:	M.I.:
AKA Last Name:		First Name:	M.I.:
Sex: Race:	Street Address:	City:	State & Zip Code:
Work Phone:	Home Phone:	Social Security #:	Driver's License #:
Age: D.O.B.	Height: Weight:	FBI #:	CII #:
Booking #:	Primary Charge:	Secondary Charge:	
Coroner Case? ☐	Coroner Case #:	Intoxication/Drug Usage? ☐	Substance Used:
Armed? ☐	Apprehended? ☐	Mental Illness? ☐	Criminal History? ☐
Vehicle Make:		Model:	Year:

S __

Last Name:		First Name:	M.I.:
AKA Last Name:		First Name:	M.I.:
Sex: Race:	Street Address:	City:	State & Zip Code:
Work Phone:	Home Phone:	Social Security #:	Driver's License #:
Age: D.O.B.	Height: Weight:	FBI #:	CII #:
Booking #:	Primary Charge:	Secondary Charge:	
Coroner Case? ☐	Coroner Case #:	Intoxication/Drug Usage? ☐	Substance Used:
Armed? ☐	Apprehended? ☐	Mental Illness? ☐	Criminal History? ☐
Vehicle Make:		Model:	Year: